

**Application Data Sheet****Application Information**

Application number::  
Filing Date::  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of copies of CDs::  
Sequence submission?:: YES  
Computer Readable Form (CRF)?:: YES  
Number of copies of CRF:: 1  
Title:: DIAGNOSTICS AND THERAPEUTICS FOR  
DISEASES ASSOCIATED WITH  
AMINOPEPTIDASE-LIKE 1 (NPEPL1)  
Attorney Docket Number:: 004974.01111  
Request for Early Publication?:: NO  
Request for Non-Publication?:: NO  
Suggested Drawing Figure:: 0  
Total Drawing Sheets:: 3  
Small Entity?::  
Latin name::  
Variety denomination name::  
Petition included?:: NO  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: NO

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Stefan  
Middle Name::  
Family Name:: GOLZ  
Name Suffix::  
City of Residence:: Essen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Buckmannsmuhle 46  
City of mailing address:: Essen  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 45326

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Ulf  
Middle Name::  
Family Name:: BRUGGEMEIER  
Name Suffix::  
City of Residence:: Leichlingen  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Leysiefen 20  
City of mailing address:: Leichlingen

State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42799

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: DE  
Status:: Full Capacity  
Given Name:: Andreas  
Middle Name::  
Family Name:: GEERTS  
Name Suffix::  
City of Residence:: Wuppertal  
State or Province of Residence::  
Country of Residence:: DE  
Street of mailing address:: Schuckertstr 29  
City of mailing address:: Wuppertal  
State or Province of mailing address::  
Country of mailing address:: DE  
Postal or Zip Code of mailing address:: 42113

#### **Correspondence Information**

Correspondence Customer Number:: 22907

#### **Representative Information**

Representative Customer Number:: 22907

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/EP2004/011007	2 October 2004

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
EUROPE	03023812.5	17 October 2003	YES

**Assignee Information**

Assignee name:: BAYER HEALTHCARE AG

Street of mailing address::

City of mailing address:: Leverkusen

State or Province of mailing address::

Country of mailing address:: Germany

Postal or Zip Code of mailing address:: D-51368